Supporters of opening the eastern gulf say we need to do it to help get America off foreign oil. Tell me, then, why isn't there a clause in the drilling amendment passed specifying that all oil and natural gas that would be produced in the eastern gulf has to stay in the United States for domestic consumption?

But, no, that is not there because, the truth is, any oil that would be drilled could be sent to any other country in the world, reducing our use of foreign oil not by one single drop.

If we wish to reduce our dependence on foreign oil—and you have heard me say this ad infinitum—we need to increase our use of alternative energy, energy-efficient cars and appliances.

Mr. President, is my time coming to a close?

The PRESIDING OFFICER. Yes.

Mr. NELSON of Florida. I ask unanimous consent to proceed for an additional 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. NELSON of Florida. Recently, we have seen how gas prices have started to rise. Why? Last year, the price of oil went up to $147 a barrel. Why, in 1 day, did the price of oil rise $37 for a barrel of oil? It is because those greedy speculators on unregulated futures commodities markets had been able to bid up crude oil prices in part due to a legal loophole, called the Enron loophole, which, in effect, unleashed insider trading similar to condo flipping since 2001.

Some Gulf Coast States, such as Louisiana, have embraced drilling. Congress even agreed to prop them up with revenue sharing. But because Louisiana doesn't have beaches—or has beaches that are left such as this one in the picture—and they don't have a tourism economy like Florida's, it isn't worth the risk to the jobs and the revenue and the economy of Florida.

Florida's Gulf Coast has some of the most beautiful beaches in the world. These beaches account for a substantial portion of the $60 billion-a-year tourism economy.

Would you visit a beach with oil operations along its shores? Would you want to go to a beach that looks like this photo? I'll tell you a little more about it. This photo is of a relatively small oil spill that occurred as a result of a shipping accident in Pinellas County, FL, in 1993. It simply doesn't make sense to jeopardize Florida's tourism industry and put the coastline at risk of ending up like this.

I will close by reading a timely editorial that appeared in today's St. Petersburg Times. That is one of Florida's largest newspapers. This was so poignant I think it is worth me inserting it into the RECORD, which I will.

I ask unanimous consent that the entire article be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the St. Petersburg Times, June 11, 2009]

AGAIN, WITH FEELING: NO NEW DRILLING

There is a rhythm to summer that has become as predictable in Washington as it is predatory and senseless: Schools let out, vacation season begins, gas prices rise and opportunists in Congress—encouraged by Big Oil—cite the pain at the pump to push for expanding offshore drilling, jeopardizing Florida's priceless coastline.

Do any of the 13 members of the Senate Energy and Natural Resources Committee who voted to expand drilling Tuesday realize that the nation is moving in the opposite direction and seeking to reduce reliance on fossil fuels with a cleaner energy policy?

The committee approved an amendment to a Senate energy bill that would allow gas and oil drilling just 45 miles off Florida's west coast and even closer off the Florida Panhandle. It would wipe out a 2006 congressional compromise that bans drilling within 230 miles of Tampa Bay and 100 miles of the Panhandle through 2022. That exclusion zone is a reasonable line of defense. Florida's beaches are vital to the state's status as a world-class tourist destination.

Allowing drilling within 10 miles off the eastern Gulf Coast also would jeopardize an important training area for the Air Force and Navy.

As an energy strategy, the measure makes the Senate look hopelessly out of date. Twenty-eight states, in the absence of leadership in Washington, have set targets for renewable energy production. The purpose of energy legislation in both houses of Congress is to fashion a way to leverage billions of tax dollars to curb emissions of global-warming greenhouse gases, build more fuel-efficient cars and to foster investment in alternative energies.

The drilling amendment is an example of a time-honored tactic of tacking on something distasteful to broadly supported legislation. The bill, which committee members expect to pass today, also unfortunately encourages some Republican state legislators who have unsuccessfully sought to open state waters in the gulf to drilling. If the 2006 federal line falls, there will be no stopping the shortsighted in Tallahassee.

Sen. Bill Nelson, D-Fla., has vowed to filibuster the bill if it comes to that. The state's congressional delegation needs to show united opposition, and House members need to demand Speaker Nancy Pelosi stand by her commitment to the 2006 drill-free zone. Gov. Charlie Crist, who is running to succeed Sen. Mel Martinez, R-Fla., also needs to quit waffling and oppose this. And Defense Secretary Robert Gates should explain the implications for naval training and national security should offshore rigs and their attendant infrastructure spring up along the training ranges for America's military pilots. The energy bill is supposed to chart a new strategy going forward. The Senate is headed backward.

Mr. NELSON of Florida. This is what the article says:

There is a rhythm to summer that has become as predictable in Washington as it is predatory and senseless: Schools let out, vacation season begins, gas prices rise and opportunists in Congress—encouraged by Big Oil—cite the pain at the pump to push for expanding offshore drilling, jeopardizing Florida's priceless coastline.

The St. Petersburg Times editorial continues:

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The committee approved an amendment to a Senate energy bill that would allow gas and oil drilling just 45 miles off Florida's west coast and even closer off the Florida Panhandle. It would wipe out a 2006 congressional compromise that bans drilling. . . .

And it goes on to cite the numbers I told you, basically keeping that eastern area off-limits.

The editorial continues:

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The editorial concludes by saying:

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I thank the Presiding Officer for her indulgence that I could get this off my chest. I don't want to mess up the Energy bill. It is critical for us. I am supportive of many of its provisions. But I am simply going to have to assert my rights under the Senate rules if they try to bring this as a part of that Energy bill.

The PRESIDING OFFICER (Mrs. HAGAN). The Senator from Minnesota.

Ms. KLOBUCHAR. Madam President, I ask unanimous consent to speak in morning business for up to 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE REFORM

Ms. KLOBUCHAR. Madam President, the time for health care reform is now. We cannot afford to wait any longer. For some time, Peter Orszag, now President Obama's Budget Director, has warned that rising health costs are unsustainable and represent the central fiscal challenge facing the country.

At $2.4 trillion per year, health care spending represents close to 17 percent of the American economy, and it will exceed 20 percent by 2018 if current trends continue. Hospitals and clinics are also providing an estimated $56 billion in uncompensated care. Meanwhile, businesses are squeezed on the bottom line, forced to reduce or drop health coverage for their employees. Without action, costs will continue to rise and waste will proliferate.

We need to make health care affordable for everyone, and we need to reduce the waste and fraud that plagues the current system.

To my colleagues who are conjuring up reasons not to pass reform this year, using scare tactics about nationalized health care and engaging in fear mongering, I say we cannot stay where we are. We cannot stay where we are. They must be getting different mail than I am. I am getting mail, and I am getting people coming up to me all over the State. Even though our State has some of the most affordable health care in the country, people know their money is being spent in other States that are not as efficient. They know health care coverage when the economy is tough is very difficult to come by, and that is what they are coming up to me and talking about. They are not saying let's stay the way we are. They are saying reform this system.

In 2008, employee health premiums increased by 5 percent, two times the rate of inflation, and the annual premium for an employer health plan covering a family of four averaged nearly $12,700.

Families cannot continue to bear the burden of runaway health costs. If we do not act, these costs are going to break the backs of the American people. We must remain committed to enacting a uniquely American solution to our Nation's health care problem. We must keep what works and fix what is broken.

As Congress prepares to take up landmark health care legislation, many in Washington are looking to my State, the State of Minnesota, as a leader. Among them is the President of the United States. President Obama has provided leadership and vision on this issue, and in a recent weekly radio address, he has highlighted how the Mayo Clinic and other innovative health care organizations succeed in providing high-quality care at relatively low cost. As he has said, we should learn from the successes and promote the best practices, not the most expensive ones.

In Minnesota, the Mayo Clinic is not alone. Health partners Park Nicollet and Essensia Health are already among those working to deliver the best health care at the least price. At 92 percent of the State covered by some kind of health care insurance, Minnesota has a strong history making sure the health care system promotes both quality care and access—92 percent coverage.

Minnesota, Washington, Wisconsin, Iowa, Utah, and North Dakota are just a few of the States that can help provide leadership to help Congress and the administration as we work to develop a quality integrated health care system that reduces cost to the taxpayer and improves health care outcomes.

It is no coincidence that as we speak, the President is in Wisconsin, another State that understands to have high-quality care, you do not necessarily have to have high prices. In fact, it is the opposite.

I will distill this cost issue into some understandable language. I grew up watching the Minnesota Vikings. Year after year, our State has waited for the Vikings to win the Super Bowl. We have been to the Super Bowl four times, and we have never won the Super Bowl. All during that same amount of time, the people of our country have been waiting for health care reform. They have been waiting for something to happen to make health care more affordable. The people of this country cannot wait any longer. We might be able to wait on the Vikings; the people cannot wait any longer.

The importance of Minnesota's best practices can be outlined in a game plan for national health care reform with a few key pointers: rewarding quality, not quantity; promoting coordinated, integrated care; and focusing on prevention and disease management.

We are never going to be able to move the ball for that next first down unless we start talking about costs; otherwise, we are simply going to have different people pay for the same expensive health care but not do anything to reduce the cost.

First, our game plan for health care reform to reduce costs is to be sure to keep score. That means measuring outcomes and rewarding providers who deliver quality results. Right now in many places, we are not getting our money's worth from our health care dollars. In Miami, Medicare spends twice as much on the average patient as it does in Minneapolis, even though quality is much better in Minnesota—twice as much.

If we look at this chart, we will see that the areas in dark blue are the higher spending regions of the country. They receive the lion's share of Medicare payments. The light blue areas—States such as Minnesota, Montana, and Iowa—are areas where Medicare spending is low but quality of care is often high.

In a recent New York Times article, some explained these differences in spending as they were trying to explain how can this happen that you have twice the Medicare, twice the taxpayers' dollars for the same kind of medical treatments as you would in another part of the country. Some said it is a difference in cost of living, sicker people, more teaching hospitals. But research shows those factors only explain 18 percent of the variation in spending.

It is no surprise. Most health care is purchased on a fee-for-service basis, so more tests and more surgeries mean more money. Quantity, not quality, pays.

According to research at Dartmouth Medical School, nearly $700 billion per year is wasted on unnecessary or ineffective health care—$700 billion per year. That is 30 percent of total health care spending. So to my colleagues who are fear mongering and saying we should do nothing, I say how about $700 billion, 30 percent of total health care spending that we have the opportunity to change around to benefit the people of this country?

Just look at this fact, if you want to look at quality care. The Mayo Clinic ranked as one of the highest quality institutions in this country. If you look at the last 4 years of the lives of chronically ill patients, some of the most difficult times for people in this country, an independent study from Dartmouth came out after they looked at what the Mayo Clinic did. They have a team of doctors working together with quality ratings incredibly high. Then they looked at what was going on in other regions of the country.

If all the hospitals in this country used the same protocol that Mayo Clinic used in the last 4 years of a patient's life, where the quality rating is incredibly high, we would save $50 billion every 5 years in Medicare spending—$50 billion.

So, no, I don't think the answer is just to throw away health care reform and do a lot of fear mongering. I think the answer is to work together to bring this kind of cost savings to the rest of the country.

There is general consensus that Medicare should reward value, and value consists of both quality and efficiency. However, value is not taken into account when Medicare determines payment for providers.

To begin reining in costs, we need to have all health care providers aiming for high quality, cost-effective results. That is why I plan to introduce legislation with Senator CANTWELL and others that would authorize the U.S. Health and Human Services Secretary to create a value index as part of a formula used to determine Medicare's fee schedule—paying for value. This indexing will help regulate overutilization because those who produce more volume will need to also improve care or the increased volume will negatively impact fees. You have to have those incentives in place in how you do the payments or you are never going to reduce costs.

In adding a value index, my bill would give physicians a financial incentive to maximize quality and value of their services instead of volume. Linking rewards to the outcomes for the entire payment area creates the incentive for physicians and hospitals to

work together to improve quality and efficiency.

I am also interested in the idea that the President has proposed to give increased consideration to recommendations made by the Medicare Payment Advisory Committee, MedPAC, a commission created by a Republican Congress. MedPAC's recommendations for payment reform include bundling, which has potential significant cost savings. Giving the recommendations made by experts increased authority could be a valuable tool to help rein in health care spending and improve quality in a responsible way.

So the first part of our game plan for reducing costs for health care is focusing on value. The second part of the game plan for making health care more affordable is to focus on teamwork.

Understandably, patients like it when their health care providers talk with one another and even work together. This means higher quality care, as well as more efficient care. In too many places, however, patients must struggle against a fragmented delivery system where providers duplicate services and sometimes work at cross-purposes—an x ray here, an x ray there, an expert here, an expert there. It is like a football team with 11 quarterbacks but no wide receivers, no running backs and no offensive line. This does not work in football, and it is not going to work in health care.

The beauty of integrated care systems is that a patient's overall care is managed by a primary care physician in coordination with specialists, nurses, and other care providers as needed. It is one-stop shopping. In our rural communities, critical access hospitals utilize this model and provide quality health care for residents in their community with a team of providers.

To better reward and encourage this collaboration, we also need to have better coordination of care and less incentive to bill Medicare by volume. Increasing the bundling of services in Medicare's payment system has the potential to deliver savings and start encouraging quality, integrated care.

When it comes to improving care, changing who pays a doctor will make no more difference. The lesson of high-quality, efficient States such as Minnesota and Wisconsin is that someone has to be responsible for the care of the patient from start to finish, from one goal line to the other. Bundling will ensure that practice is rewarded.

This is a very interesting chart. It does not look interesting, but it is. A lot of people think the more you pay, the better quality care you get. This was a MedPAC analysis of county level fee-for-service expenditures, a national study.

Do you know what they found? They found that those areas of the country, those counties that had low utilization—in other words, maybe someone called a nurse line or a doctor referred them to one specialist instead of them going to three on their own—they found they had the highest quality care. Why is that? It makes sense. You have one primary doctor who knows exactly what is going on, is checking your charts and can send them to one specialist so mistakes are not make. You go to one specialist who does not know you are taking a certain medication and you are allergic to another. High-quality care with low utilization; lowest quality care with high utilization.

That is probably the opposite of what most people in this country think. But, literally, you get the highest quality care in those parts of the country where you are paying less money.

As I said, if people start to say our area of the country is so expensive, only 18 percent of that difference with the high-quality, low-cost States and the low-quality, high-cost States can be attributed to cost of living.

Research has shown that moving toward a better integrated and coordinated delivery system would save Medicare alone up to $100 billion per year. So if people don't want to talk about reform and they want to make a bunch of fear-mongering statements, let them explain to the American people why we are not going to save $100 billion per year.

Finally, the last game pointer is that the best offense is a good defense. My dad covered football his whole life for the newspaper, and this is what he would always say to me: It works on the football field and it works in health care. It is a lot better for both the patient and the patient's pocketbook if a chronic medical problem can be prevented or managed early to stave off complications and the need for costly care. Right now, physicians are paid to treat diseases, not prevent them. Yet a payment system that encourages prevention and disease management could generate enormous savings because a large portion of health care spending is devoted to treating a relatively small number of people with chronic medical conditions.

Let me give an example of this. This is Health Partners, which is a clinic in Minnesota—all over our State. A lot of patients are members of it. They started looking at how can we do a better job with diabetes. They did this back in the fourth quarter of 2004 compared to the fourth quarter of 2008. You see here an increase in quality for the patients, an increase in percentage of patients with optimal diabetes control, because they put in some practical protocols.

What do you see with costs? You see an actual major decrease in the cost per patient. That is the green line. The yellow line is an increase in the patients with optimal diabetes control, as the doctors determined. The green line is a decrease in cost. The red line is patients with diabetes who had asked that they recommend Health Partners clinics. So even as they saw this dramatic reduction in cost, they were still on the up in terms of recommending using Health Partners clinics. Most people don't like their HMOs very much. They always have reasons to complain. So I think this is amazing that they were able to show this kind of result.

At Park Nicollet in Minnesota, they have implemented a congestive heart failure program with Medicare. In the 3 years since the program began, Park Nicollet has saved nearly $5,000 per patient, per year.

Diabetes, congestive heart disease, and back problems all contribute to the excessive cost and growth in our health care system and cause decreased productivity in our economy. One study found that the most costly 20 percent of Medicare patients in a given year account for 84 percent of total Medicare spending. By contrast, the least costly 40 percent of Medicare patients accounted for just 1 percent of overall spending. As the examples from Minnesota and other places demonstrate, effectively managing these and other chronic illnesses is essential to health care reform.

A recent New Yorker magazine article showcased the Mayo Clinic in the context of health care's cost conundrum.

Madam President, I ask unanimous consent for 3 more minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. KLOBUCHAR. According to the author, a physician, we are in ''a battle for the soul of American medicine.'' On one side is a fragmented, volume-driven model that too often crosses into profiteering. There are good parts about our health care system, believe me. I know this because I live in Minnesota. We have to maintain those. But we have to fix this broken cost structure. On the other side, you see this model offered by Mayo and other peer institutions across the country where doctors collaborate to provide the best, most efficient care for their patients.

On one side is more of the same, which is both financially and morally unsustainable; on the other side is a new direction that promises to curb cost while expanding affordable coverage. It is time to choose sides. For the sake of our fiscal health and for the sake of millions of Americans struggling to afford the care they need, I urge my colleagues to choose the latter.

Yesterday, I met with a bipartisan group of Senators, and I have to tell you I still have hope that we are going to get this done and I have hope that there will be bipartisan support for this. What I am talking about today—cost reduction, putting these incentives in place—isn't a Democratic issue or a Republican issue. It is an American issue. This is an American cause, and we can find a uniquely American solution to this problem so that we can reduce costs and make health care better quality. I can tell you, having spent my entire life in the State of Minnesota and having a daughter who was

born very sick, who couldn't even swallow when she was born, I know we can get high-quality health care at lower cost. They do it every day in my State, and we can do it in the rest of the country.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Madam President, when it comes to health care, Republicans want reform that respects patient freedom and choice. We want to maintain the sanctity of the doctor-patient relationship. We believe doctors, not Washington, should tailor an individual's care. Washington-run health care would delay or deny care and would displace millions of Americans who are happy with their current health insurance. Federal bureaucracies are not known for being efficient, innovative, or hassle-free.

On Wednesday, the majority whip said:

> Those who come to the floor of the Senate defending the health insurance companies and saying they want no change in the health care system have to defend the indefensible.

Well, who exactly has come to the floor and said that? Who in the Senate has come to the floor and said they want no change? I know of no one who has done that. This is a straw man argument, usually made when you can't win an argument on the merits, but it has become a familiar refrain from some of our friends on the other side of the aisle. They present a false choice between doing what they want and doing nothing. When they don't want to listen to Republican ideas, they accuse us of wanting to do nothing. It happened with the stimulus bill, and it is happening now with health care.

Republicans want health care reform. I have said this repeatedly, and so has Senator MCCONNELL. I have noted that there are abundant problems in our current system, that a routine visit to the doctor can be surprisingly expensive. Too many people have to go without basic care for a host of reasons, whether they are unemployed or work for a business that doesn't have health care or perhaps have a preexisting condition.

The task before us is to ensure that all Americans have access to quality health care without degrading the quality of care for anyone. In other words, those who are happy with their care—and that is the majority of Americans—don't want to have to sacrifice their care in order to take care of the problem of those who are having issues. And by access to care, I don't mean access to a government waiting list.

There are two ways to approach health care reform while trying to keep costs in line. One, which President Obama says he rejects, is to create a competitive marketplace in which consumers get to pick the plan that works the best for their families. Competition helps the consumer. The more competition, the better. And this concept does not include a Washington-run plan.

The other is for the government to ration care by deciding what treatments you can get and which medications you can have. Yes, you can cut costs this way, but it is not right, it is not what Americans want, nor is it what physicians want. The American Medical Association, an organization of 250,000 of America's physicians, said in a recent statement that it does not ''. . . believe that creating a public health insurance option for nondisabled individuals under the age of 65 is the best way to expand health insurance coverage and lower costs.'' I agree. The doctors—those who provide the care—are concerned about what a Washington-run health care would mean for their patients and for the uninsured Americans who need to get in to see them.

Republicans have been discussing the state of health care in Canada and the United Kingdom because those countries have government-run health care and they delay or deny treatment for many of their citizens in order to keep costs under control. The Canadian and British Governments created these systems with the best of intentions, but government-run care is not serving their citizens' needs, and we don't need to replicate their problems here in the United States. In fact, in Canada, Claude Castonguay, chair of the commission which recommended that Quebec establish a government-run system in the 1960s, declared last year that ''the system is in crisis''—his words. Private clinics are opening all over Canada at the rate of one per week to treat those who are on waiting lists at the public hospitals. Many Canadians who have the resources to get out of the bureaucratic government have chosen to do so.

As the Republican leader pointed out today, Britain's National Institute for Health and Clinical Excellence—the entity responsible for setting guidelines on pharmaceuticals and treatments for British patients—last year denied patients in that country access to four kidney cancer drugs that have the potential to elongate patients' lives. The institute explained it this way:

> Although these treatments are clinically effective, regrettably, the cost is such that they are not a cost-effective use of resources.

A chilling statement, indeed. The stories of patients being denied treatment by their governments are real.

President Obama and some of my colleagues in the Senate have argued—as the majority whip has—that a public or a government-run option can compete with other insurers and that this government-run option would be only one choice of many. My question is, Why is it needed?

And what will it do? Government-run health care would crowd out other insurers, quickly becoming a monopoly. I have cited these statistics from the Lewin Group, which has made this point. Someone who has insurance through his or her company could be forced into the government's plan if the employer decides it is simpler and cheaper to pay a fine to the government and eliminate its coverage. A company might say: Why bother with the paperwork and administration when we can just pay a fine and tell people to get onto the government insurance rolls? As I said, that is what health experts say will happen. The Lewin Group I cited before has estimated that 119 million people will be shifted from a private plan onto a government plan if it is created. That would affect two-thirds of the 170 million Americans who currently have private insurance, all but ending private insurance in America.

President Obama said recently:

> If we don't get this done this year we're not going to get it done.

Well, why is that? Why does that have to be so? Could it be because the President would prefer that we rush a bill through before Americans get a chance to absorb what Washington-run health care would mean for their families? If this is worth doing, it is worth doing right. It is worth taking the time to do it right.

Americans are compassionate, and we want coverage for our neighbors just as much as we want it for our own families. But I will tell you that my constituents worry about the cost, and they do not want the Federal Government to cover others at their expense, both in cost and in the form of rationed care. So one of the first questions for this program is, How much is it going to cost and who is going to pay it? Another question is, What is going to be the effect on seniors who are in Medicare? Do they have anything to worry about? And my answer to that is, absolutely, because some of the conversation has to do with ''reforming the way our seniors get their health care.''

We haven't heard much about the exact price of government-run health care, but we know the cost will be extremely high. And whatever we spend, it won't be enough to ensure all Americans get the care they need. So when we begin talking about cost and being more concerned about the cost than the quality of care, as was the institute in Britain I just quoted, then we get into a situation where we are going to have to ration care, and that is something neither our seniors nor families with coverage today want at all.

We need a real marketplace of options. Choice, freedom, and competition should be guiding principles for the health care reform we all want.

I reiterate that Republicans as well as Democrats want reforms in our health care system. There are people who need coverage, and we all understand there are ways we can save money. The question is, Do we do this through more government control, more government bureaucracy, government-run insurance companies, fines on employers, and raising taxes in order to add 40 or 50 million more people to insurance rolls or do we try to

achieve the results through removing barriers to competition which currently exist?

Republicans have noted a whole series of laws right now that could either be reformed or repealed in order to allow more competition, in order to reduce prices for those already in the market and give patients more choice. I don't know why the resistance to this insurance reform. I don't know of anybody who likes the way insurance companies always do their business. I know I don't. So why not reform and enable those who would do it the way people want to have products that could be offered to the public and which presumably the public would buy if they are concerned about the way their insurance is currently being offered?

So this is not a matter of one side wanting reform and the other side not; it is a matter of different approaches. And from my constituents, I can tell you they are concerned about what they have and they are concerned about what they are going to have to pay. As much as they want to help other people have the same kind of coverage they do, they don't want it at the expense of their families, by having care rationed to them and their families as a result of the fact that it would cost more money than we are currently paying.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BROWN. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

JOB LOSS CRISIS

Mr. BROWN. Madam President, in my State of Ohio and States such as Michigan, Indiana, Pennsylvania, middle-class families already hit by a terrible recession are facing a new wave of devastating job losses and plant closings. Some 400,000 Ohioans are employed, directly or indirectly, because of the auto industry. The auto industry crisis is a crisis especially in my State and in Michigan and in the other States in the region.

As Congress works to help the industry through these most difficult times, the industry must do all it can to keep jobs here at home. That is why it was welcome news when GM announced that rather than start more small car production in China and Mexico, which they have done in the past, they would open a new small car manufacturing plant somewhere in one of these auto States.

This crisis has hit home in my State, especially in Mansfield, where GM has one of its best stamping plants. Workers at this plant were asked to make concessions over the past 2 years, and they did. They were asked to produce in an exceptionally efficient manner, and they now rank at or near the top, across a range of performance standards. The Mansfield GM Fisher Body Stamping Plant played by the rules, did all that was expected of them, and they made it to the top, literally to the top of GM's stamping plants. Yet GM has decided to close this facility.

GM's decision not to include the Mansfield stamping plant in the New GM, this new coming-out-of-bankruptcy company, one that is focused on building fuel-efficient cars for the 21st century, is troubling, it is more than troubling to employees and members of the Mansfield community and to me.

Yesterday, I met with GM officials who were direct and polite and are trying to do their best. I met with GM officials to try to understand their decision. I am not convinced this makes sense for the New GM, to close this Mansfield Fisher Body Stamping Plant. I know it does not make sense for Ohio. GM's own scorecard shows the Mansfield plant has met nearly 100 percent of its targets and has a productivity rate of 94 percent. According to GM's records, it is the single highest ranked stamping plant in GM.

The plant that is a very close second is 70 miles away, north of Mansfield, in Parma, OH. By GM's own records, those are the two top-rated stamping plants. It makes little sense to me and to the town and GM workers at Mansfield that the company would not want its best and brightest to embark on its new path toward success.

The auto crisis hit home in Twinsburg, OH. Twinsburg is the home of the most modern stamping plant in Chrysler's network. It ranks among the highest in safety and productivity. Yet Twinsburg's workers and their families got the rug pulled out from under them last month. The crisis is playing itself out every day as auto suppliers struggle to find credit.

So it is not just Mansfield and Twinsburg, it is not just the loss of fewer than 100, but 80 or 90 people in families in the Columbus area who lost jobs when a GM supply center announced it was closing. It is also what happens to those companies that supply the auto companies, and they, frankly, employ more workers than the auto companies themselves do.

The crisis plays itself out every single day as auto suppliers struggle to find credit. If a manufacturer has auto customers, banks seem to put them on a black list and do not want to extend any loans, even those backed by the Small Business Administration.

The crisis plays itself out in Warren and Dayton, where Delphi salaried workers, who played by the rules, are left without the pensions they deserve. These stories from Mansfield, from Twinsburg, from Warren, from Dayton, from smaller communities are, unfortunately, not unique. There are more stories, stories from small Ohio towns such as Trotwood, near Dayton; Van Wert, on the Indiana border; and Greenwood and from other cities across Ohio and the Midwest.

That is why it angered me when I sat in the Banking Committee as I was chairing, as Chairman DODD was working on health care issues, when I heard these restructuring proposals for Chrysler and GM portrayed by my more conservative colleagues in this body as ''giveaways'' to workers. When they label this as ''everybody sacrificed except the workers,'' the workers have seen tens of thousands of lost jobs. We have seen a $7-an-hour cut in compensation for these workers. That is a $14,000 a year hit that these workers are taking. They are far from giveaways.

American autoworkers, their families, and their communities are all in this together and have suffered with their communities perhaps more than anybody.

Just 3 years ago there were a quarter million members of the UAW. After these GM and Chrysler restructurings in the auto industry, that number of worker members will be below 100,000. These are men and women who make up our Nation's middle class, the heartbeat of America, if you will.

They work hard, they support their families. They are watching as their chance at the American dream goes up in smoke. It is an American tragedy. Anyone who dismisses it otherwise should be ashamed.

Wages have decreased for entry-level workers. Wages have been frozen. Key health care benefits were eliminated for both active and retired workers. Understand, the much maligned legacy costs that companies are burdened with, if you will, these legacy costs, health care and pensions, were negotiated at the bargaining table when workers said: We will take less money in salary and wages today if you put that money aside for pensions and health care—for health care now and for pensions later. So they gave up dollars at the bargaining table. That is what these legacy costs are.

These concessions, combined with swapping GM's contributions owed to the VEBA with stock, a step that will increase risks for retirees, will save General Motors billions. That is a good idea because we want this company to survive and thrive.

Every facet of this restructuring has an impact on hard-working Americans, on their communities, their States, their Nation as a whole. We should ask yourselves this: Is the government doing everything it can to protect and create American jobs? Is the government ensuring that top-performing segments of Chrysler and GM are not sacrificed because of expediency or politics or information gaps or favoritism?

I held a conference call with mayors from Ohio's auto communities recently. Nearly all of them raised the fact that they may need to eliminate police and fire and their other local government entities, eliminating teaching positions and others, because